

# Supporting Implementation Resource: Psychosocial matched care

## Foreword

This document provides implementation resources, templates and operational guidance to support the delivery of early systematic psychosocial matched care in workers' compensation schemes. It should be read in conjunction with the Best Practice Guide, which outlines the evidence base, core principles and implementation framework.

These resources have been developed based on successful implementations across various Australian jurisdictions. They are provided as practical examples and starting points that can be adapted to suit different organisational contexts. While they reflect proven approaches, organisations should modify and customise them to align with their specific needs, capabilities and operating environments.

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## I: Core concepts

These resources provide a foundation for implementing psychosocial matched care in your organisation. They are designed to be customised and adapted to fit your specific needs, operational environment and existing processes.

Each document can be modified with your organisation's branding, terminology and specific requirements. The templates offer a starting point that you can build upon, ensuring the resources align with your organisation's policies, procedures and culture.

These tools have been tested in various implementations but should be tailored through consultation with key stakeholders in your organisation. Consider piloting modified versions with a small group before broader rollout.

## What is psychosocial matched care?

### Psychosocial matched care: A best practice approach

Psychosocial matched care is an evidence-based approach designed to help injured workers return to work by addressing not only physical injuries but also the psychological and social barriers that can delay recovery. These barriers may include workplace stress, anxiety, fear of re-injury, low confidence, or conflicts with supervisors. Research shows that workers with elevated psychosocial risk scores do better with targeted support, and early intervention can significantly improve return-to-work outcomes.

Psychosocial barriers are the primary drivers of delayed recovery in common health conditions. **psychosocial matched care** provides the resources to reduce those barriers, empower individuals, and provide optimal case management, healthcare, and workplace support.

### How psychosocial matched care works

#### Screening for psychosocial risk factors

- Workers complete a validated screening tool to assess their risk level.
- Those identified as having elevated psychosocial risk receive further assessment.

#### Comprehensive assessment

- A deeper evaluation helps identify specific barriers affecting recovery.
- This process informs an individualised return-to-work plan.

#### Targeted support interventions

- Counselling and coaching to improve coping strategies and resilience.
- Workplace modifications or adjustments as required.
- Coordination with insurers, healthcare providers, and employers.

#### Why this matters

By proactively addressing psychosocial risks, workplaces and insurers can:

- Reduce time lost from work and claim costs.
- Improve worker well-being and job satisfaction.
- Foster a healthier and more supportive work environment.

#### Fundamental underpinnings of the system

1. Psychosocial questions to assess for individuals at risk (30% to 50% claimants with lost time injury)
2. Psychosocial assessment using comprehensive questionnaire to identify and measure barriers.
3. Collation of responses guide case manager referral and facilitate
4. Tailored referrals to match the identified barriers via counselling and extra workplace and healthcare support
5. Focused biopsychosocial counselling delivered by health professionals with credible training
6. Measure intervention impact by repetition of assessment questionnaire
7. Accumulated data informs continuous system improvement



## What are the benefits of psychosocial matched care?

A successfully implemented psychosocial matched care program offers significant benefits to all stakeholders involved in work injury management.

### **For System Managers**

- A resilient framework enabling consistent delivery of best-practice claims management.
- A structured process to identify and address the key individual factors influencing recovery and RTW.
- Efficient resource allocation based on individual needs.
- Potential reductions of 40% lost time days, and 30% in claims costs.
- Accumulation of comprehensive data for continuous scheme improvement.

### **For Claimants**

- Validation via acknowledgment of importance of their opinions, promoting a sense of ownership and control over health.
- Empowerment achieved by increased self-efficacy enhances their resilience and competence in approaching challenges.
- Minimisation of barriers optimises RTW outcomes, prevents chronic pain and disability, and reduces disputation.

### **For Case Managers**

- Operational gains include time-saving automated processes, early intervention guidance, and skills development in managing cases with psychosocial complexity.
- Reduction in dependency on individual case manager expertise.
- Data to monitor progress at key points in life of claim.
- Enhanced communication and collaboration with GP and health providers on recovery objectives, intervention, and RTW.

### **For Health and Rehab Provider**

- Increased patient engagement and compliance.
- Identification and measurement of critical psychosocial factors equipping practitioner to deliver best practice interventions.
- Professional development in BPS care and health coaching.
- Faster recoveries, improved outcomes, and higher patient satisfaction.
- Impact measurements demonstrate professional accountability.

### **For Employers**

- Experience less disruption to operations and productivity with faster return of workers and reduced associated costs.

### **Principles**

- Engender claimant trust through empathetic explanation before offering the triage and assessment tools.
- Integration of tools into Case Management software enables automation and optimal data utilisation.
- Use evidence-based triage and assessment tools.
- Apply a comprehensive assessment tool to identify the beliefs, fears, expectations and behaviours known to predict risk.
- Anticipate current providers will integrate BPS coaching into service delivery to build capability for tailored Matched Care.
- The elements of Matched Care may include individual counselling, additional healthcare and workplace support.

## Intervention pathways in psychosocial matched care

**Psychosocial matched care** ensures that case management and healthcare decisions, practices and products are tailored to recovery needs of each claimant.

### Psychosocial assessment results

- Digital responses are presented in a manner to (1) facilitate claimant insight, and to inform decisions related to (2) case management referrals and (3) health and rehabilitation provider matched care intervention plans.

### Elements of Matched Care

- Individual self-management skills coaching/counselling tailored to assessment results.
- Extra healthcare in collaboration with GP including services provided additional to compensable claim.
- Workplace support to address any workplace barriers, arrange modifications and job accommodations.

### Biopsychosocial Domains

- We understand biopsychosocial impacts better when responses are measured in categories known to influence recovery and return to work.
- Biopsychosocial domains guide case manager referral decisions.
- For workers, understanding these issues across the domains helps clarify the impact of them on their pain and well-being.
- Biopsychosocial domains assist providers to prioritise elements of matched care.

Domain	Description	Individual coaching summary
<b>Pain</b>	Perceived pain	Explanation of pain
<b>Function</b>	Perceived function and recovery expectations	Pain management strategies and activity pacing and planning.
<b>Emotions</b>	Level and locus of psychological distress	Distress management strategies
<b>Coping</b>	Preferred coping approach	Applying strategies to build active coping approach
<b>Confidence</b>	Self-efficacy and optimism	Applying strategies to achieve goals for home, work and recreational activities
<b>Work Perceptions</b>	Workplace factors	Apply strategies, problem-solving and communication skills to build work readiness.



**Matched care providers**

- Require assessment to identify the most influential psychosocial constructs such as fear-avoidance, workplace issues and to fine-tune counselling and interventions to address the issues.
- Counselling may be provided by medical, allied health or rehabilitation professionals who have undertaken credible biopsychosocial counselling or coaching training.
- Service providers within any compensable scheme may be requested to integrate biopsychosocial coaching into their services to offer capability for tailored matched care.
- Following counselling repeat of the assessment questionnaire is necessary to ensure the program is effective.

## Implementation of psychosocial matched care

**Psychosocial matched care** is a modular system that requires planning, coordination and execution across multiple levels of an organisation and its external partners. This example of a structured implementation plan may assist.

### Exploration

- Clarify goals of program.
- Appoint a team of leaders from all levels and sectors to facilitate the project.
- Socialise project within the team, identify points of resistance and potential management.
- Detail resources required.
  - Project Manager
  - IT enhancements – Psychosocial data integration and utilisation, customer app.
  - Operational reform – roles, cost coding, policies, KPIs.
  - Training Coordinator and training resources
- Propose Pilot and phased roll-out process.
- Build detailed business case with financial projections, baseline and evaluation metrics.

### Preparation

- Develop protocol to suit organisation, specifying procedures for all roles.
- Match IT upgrade to suit protocol, data utilisation, storage and program evaluation.
- Detail case cohorts and personnel to run pilot, timeline and evaluation methodology.
- Prepare a comprehensive plan to gain case manager engagement, enthusiasm for automated psychosocial screening and dashboard results; and build capability with communication protocols, biopsychosocial knowledge, matched care pathway options and outcome expectations.
- Engage external partners to clarify their roles, training, process changes, resolution of resistance. Anticipate current providers will integrate psychosocial matched care into service delivery.

### Implementation

- Primary objective is to gain trust and engagement of claimants, ideally using customised digital communication resources.
- Through project socialisation and training build a community of practice to share experiences, challenges and best practices - providing a support network for this cultural change.
- Leaders of all sectors will ensure adherence to protocols and successful application of the psychosocial matched care program.

### Evaluation

- Quantitative measures – psychosocial, LTI, and RTW data, claim and healthcare costs.
- Qualitative measures – consumer participants, organisation and external personnel.
- Establish procedures for ongoing monitoring and continuous improvement.

## II. Screening and assessment tools

This section provides validated screening and assessment instruments that form the backbone of psychosocial matched care. While the tools themselves should not be modified as this would affect their validity, organisations can choose which combination of tools best suits their needs.

Consider factors like administration time, ease of use, and integration with existing systems when selecting tools. Organisations may want to start with one or two core tools and expand their toolkit over time as staff become more experienced with the approach.

The assessment tools included here represent commonly used validated instruments. Organisations should ensure they have appropriate permissions and training in place before implementing any specific tool.

### *Screening tools*

Commonly used tools are included below, though this list is not exhaustive.

#### **Örebro Musculoskeletal Pain Screening Questionnaire - Short Form (ÖMPSQ-SF)**

The ÖMPSQ-SF consists of 10 items, with questions related to pain intensity, fear-avoidance beliefs, mood, the impact of pain on daily activities, concerns about and expectations for return to work. Each item is scored on a scale, with the total score ranging from 0 to 100. A higher score indicates a higher risk of chronicity and delayed return to work.

The questions asked are:

1. How long have you had your current pain problem?
2. How would you rate the pain that you have had during the past week?
3. I can do light work (or home duties) for an hour.
4. I can sleep at night.
5. How tense or anxious have you felt in the past week?
6. How much have you been bothered by feeling depressed in the past week?
7. In your view, how large is the risk that your current pain may become persistent?
8. In your estimation, what are the chances you will be working your normal duties (at home or work) in 3 months?
9. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.
10. I should not do my normal work (at work or home duties) with my present pain.

The ÖMPSQ-SF score significantly predicts the number of days to return to pre-injury duties, such that for every 1-point increase in the total ÖMPSQ-SF score, the predicted chance of returning to work reduced by 4% (hazard ratio = 0.96,  $p < 0.001$ ). Another way of viewing the data is that those triaged via the tool as having elevated work loss risk have three times the number of days off work than those at low risk.

The ÖMPSQ-SF is concise, making it acceptable and feasible for use in busy settings. It has broad application for use in all musculoskeletal conditions.

As the most commonly used and best validated tool, the ÖMPSQ-SF is the current 'gold standard' for psychosocial triage.

A cut-off score of 50 out of 100 has been suggested to identify individuals at higher risk of poor outcomes. However, the optimal cut-off may vary depending on the specific population and context. Some research suggests that a slightly lower cut-off of 48 might be more appropriate in certain settings.

### **AB-5 Triage Tool**

Developed from a comprehensive psychosocial assessment questionnaire (ARI.MSI), the AB-5 tool is designed to predict psychosocial risk with high sensitivity. It comprises five questions, which are drawn from the cluster of questions used to evaluate domain ratings within the full assessment questionnaire. A single question is not adequate to rate a psychosocial domain.

1. Function: I can do ordinary household chores
2. Emotions: I am unable to relax
3. Coping: I can cope with my pain without medication
4. Confidence: I have found everything getting on top of me
5. Work perceptions: I can do some form of work, despite the pain

Answers are given on a Likert scale from 0 to 4, with the total score being used to triage into low, medium and high-risk categories. Statistical testing measured the AB-5 capacity to predict if a respondent's Initial Abilita Assessment (ARI.MSI) rating would exceed the threshold that indicates that psychosocial factors are contributing to delayed recovery and RTW (sensitivity 94%, specificity 46%).

### **The STarT Back Screening Tool (SBST)**

This is a validated tool specifically designed for, and limited to, people with low back pain. This tool categorises people into three risk levels of having poor outcomes: low, medium, and high risk. The tool's limitation is it is limited in use to those with back complaints, versus all musculoskeletal conditions.

### **Yellow Flag Questionnaire (mYFQ)**

This suite of questions was designed as a conversational tool to identify psychosocial barriers. A small study in clinical practice suggests the results are comparable to the ÖMPSQ-SF.

One point is allocated for every 'yes' answer, to a maximum of ten points.

1. Do you believe that your pain must be reduced to nil before you can attempt to return to work?
2. Do you expect your pain will increase if you return to any form of work now?
3. Have you had disciplinary or other problems in your workplace before now?
4. Do you feel poorly supported by your workplace in any way?
5. Do you believe that you having pain is doing you harm?
6. Do you expect there is a single treatment that will cure your pain?
7. Do you lack support at home to talk about this problem?
8. Do you believe that movement is bad and should not form part of treatment?

9. Have you previously experienced depression, anxiety or other psychological illnesses?
10. Is there any other reason you believe you shouldn't be at work at present?

### **FactorWEB**

The FactorWEB Assessment System has been adopted by the State Insurance Regulatory Authority (SIRA) in NSW as a standardised assessment tool. This system assesses key psychosocial barriers including:

#### **Pain and Symptoms**

- Pain intensity and interference with function
- Nature and pattern of symptoms
- Impact on daily activities

#### **Recovery Expectations**

- Beliefs about recovery timeline
- Return to work expectations
- Confidence in managing condition

#### **Work-Related Factors**

- Job satisfaction
- Workplace relationships
- Physical job demands
- Work modifications needed

#### **Psychosocial Factors**

- Mood and emotional state
- Sleep patterns
- Stress levels
- Social support
- Coping strategies

#### **Lifestyle Impact**

- Impact on family life
- Changes to daily routine
- Effects on recreational activities
- Financial concerns

### ***Psychosocial assessment tools***

Useful questionnaires for inclusion in a comprehensive psychosocial assessment may include the following (please note this list is not exhaustive):

#### **Depression, Anxiety, Stress Score (DASS21):**

The Depression Anxiety Stress Scales-21 Items (DASS-21) is a psychological assessment tool designed to measure the emotional states of depression, anxiety, and stress. DASS21 is widely used in clinical and research settings to assess and differentiate between symptoms of depression and anxiety, both of which can co-occur with stress.

The DASS-21 consists of three self-report scales, each containing 7 items:

- **Depression Scale:** Assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia.
- **Anxiety Scale:** Measures autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect.

- **Stress Scale:** Focuses on levels of chronic non-specific arousal, assessing difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive, and impatient.

Respondents are asked to indicate the presence of each state over the past week on a 4-point Likert scale ranging from 0 (Did not apply to me at all) to 3 (Applied to me very much, or most of the time).

Each of the sub scales represent psychosocial barriers to work participation and are amenable to change. The DASS-21 is also valuable for monitoring the effectiveness of interventions aimed at reducing symptoms of depression, anxiety, and stress.

### **Brief Pain Inventory – Severity and interference**

The Brief Pain Inventory (BPI) is a widely used instrument for measuring the severity of pain and the degree to which pain interferes with an individual's daily activities. The tool measures pain severity including the worst, least, average and current pain levels.

The pain interference component evaluates the extent to which pain hinders the person's engagement in various aspects of daily life. It covers seven domains:

1. **General Activity:** How pain affects the individual's overall activities.
2. **Mood:** The impact of pain on the individual's mood.
3. **Walking Ability:** How pain influences the ability to walk.
4. **Normal Work:** The effect of pain on both outside-the-home work and housework.
5. **Relations with Other People:** How pain affects relationships and interactions with others.
6. **Sleep:** The impact of pain on the ability to sleep.
7. **Enjoyment of Life:** How pain affects the individual's overall enjoyment of life.

Like the severity component, pain interference is rated on a scale from 0 (does not interfere) to 10 (completely interferes), offering insights into how pain affects functional and emotional well-being.

### **Pain Self-Efficacy Questionnaire (PSEQ):**

Pain self-efficacy is a significant predictor of an individual's ability to manage pain and maintain function. Individuals with higher pain self-efficacy are more likely to engage in physical activities, employ adaptive coping strategies, and have a proactive approach to managing their pain.

The Pain Self-Efficacy Questionnaire (PSEQ) is a psychological assessment tool designed to measure the degree of confidence individuals have in their ability to perform activities despite being in pain. Self-efficacy refers to a person's belief in their capability to execute behaviours necessary to produce specific performance attainments.

The PSEQ consists of 10 items that are rated from 0 to 6, covering various aspects of daily life and activities, including:

- Household chores
- Socialising
- Work-related tasks
- Leisure activities
- Coping with pain without medication

The PSEQ is primarily used to assess how much a person believes they can carry on with their life despite their pain. This belief or confidence level is a critical component of pain management and rehabilitation programs because:

Higher levels of self-efficacy have been associated with better outcomes in pain management, including lower levels of disability, reduced pain intensity, and improved quality of life.

### **Pain Catastrophising Scale (PCS):**

Pain catastrophising has been identified as a key psychological factor influencing pain perception, recovery from injury, and response to pain treatment. When an individual harbours negative thoughts about actual or anticipated pain, there may be feelings of helplessness, rumination over the pain experience, and magnification of the pain's severity and its potential consequences.

The Pain Catastrophising Questionnaire (PCS) is an instrument designed to assess the extent to which individuals experience catastrophic thinking in relation to pain.

The PCS consists of 13 items, rated from 0 to 4, that evaluate three dimensions of catastrophising:

- Rumination: Constantly thinking about the pain.
- Magnification: Exaggerating the threat or severity of the pain.
- Helplessness: Feeling unable to manage pain or its consequences.

Respondents rate items based on their thoughts and feelings when experiencing pain on a scale from 0 (not at all) to 4 (all the time). The PCS provides a total score and subscale scores for the three dimensions, offering a comprehensive view of an individual's catastrophising tendencies.

### **The Tampa Scale for Kinesiophobia (TSK)**

is a widely used psychological assessment tool designed to measure fear of movement/(re)injury, a concept known as kinesiophobia or fear of movement due to pain.

The TSK assesses thoughts and beliefs related to the physical activity and injury on a five point Likert scale, including:

- Fear of pain or injury due to movement.
- Beliefs about the vulnerability of the body.
- Avoidance behaviour stemming from fear of movement.

The TSK is used to identify and measure the level of fear that may inhibit an individual's willingness to engage in physical activities. It's particularly useful in rehabilitation settings to assess patients with chronic pain or those recovering from injuries.

### **Fear-Avoidance Beliefs Questionnaire (FABQ)**

The fear-avoidance model highlights the importance of psychological factors in the experience of pain and the development of chronic pain conditions. The FABQ provides a means to quantify these factors, offering valuable insights into how an individual's beliefs and fears might contribute to their pain experience and disability level.

The FABQ consists of 16 items divided into two subscales:

- **The FABQ Physical Activity subscale (FABQ-PA)** includes 4 items that assess beliefs about the effect of physical activity on their pain.

- **The FABQ Work subscale** (FABQ-W) contains 7 items that evaluate beliefs regarding how work affects pain and the ability to work.

Respondents rate their agreement with each statement on a scale from 0 (completely disagree) to 6 (completely agree), providing insight into the extent to which fear and avoidance beliefs impact their perception of physical activity and work.

#### **Abilita Rehabilitation Index<sup>17</sup>**

The proprietary Abilita Rehabilitation Instrument (ARI) questionnaires are comprehensive assessments developed specifically to risk profile personal injury clients.

- The ARI.MSI for physical injury includes 2 complete tools (OMPSQ and PSEQ) to support comparative research and both contribute items toward the required BPS domains. 26 additional questions are necessary to canvas all key psychosocial factors; there are 61 items in total. Respondents complete the online questionnaire in approximately 15 minutes.
- The ARI.PI for psychological injury includes the DASS21 to clarify the locus and intensity of distress, 31 additional questions drawn from a variety of tools to canvas the key influential psychosocial contributors to disability in psychological injury/illness, including work-related perceptions and a brief PTSD screen totally 72 items and taking respondents 20 minutes to complete.
- Reports are immediately generated providing ARI score and scores from the contributing instruments. Responses are also collated and categorised to provide domain ratings.

ARI.MSI biopsychosocial domains are Pain, Function, Emotions, Coping, Confidence and Work Perceptions.

ARI.PI biopsychosocial domains are Function, Emotions, Coping, Confidence and Work Perceptions.

- Software calculation and collation of responses into domains provides profile standardisation to guide intervention planning.
- ARI.MSI and ARI.PI may be repeated up to 3 times to measure change, with each report comparing results with previous scores and domain ratings.



### III. Training resources

These training materials provide a framework for building staff capability in psychosocial matched care. They should be adapted to align with your organisation's learning and development approach while maintaining the core principles and competencies required for effective implementation.

The resources can be used to develop internal training programs or guide external provider requirements. Consider how these materials can complement existing training and integrate with current professional development pathways.

Organisations may wish to pilot training approaches with a small group and gather feedback before finalising their training framework. Regular review and updates of training materials help ensure they remain current and effective.

#### Case manager competency framework

Case managers play a pivotal role in implementing psychosocial matched care effectively. Their competency development requires a structured approach focused on both knowledge acquisition and practical skill development.

Core training must ensure case managers understand the biopsychosocial model and its application in workers' compensation. This theoretical foundation helps them appreciate why early intervention is critical and how psychosocial factors influence recovery outcomes.

Key competency areas include:

Knowledge competencies

- Understanding of biopsychosocial model and psychosocial risk factors
- Knowledge of screening tools and scoring methods
- Understanding of referral pathways and protocols
- Familiarity with relevant legislation and guidelines

Practical skills Case managers must demonstrate competency in screening administration before working independently with injured workers. This includes:

- Explaining the purpose of screening appropriately
- Administering tools correctly
- Scoring accurately
- Making appropriate referral decisions
- Documenting results properly

Regular assessment of these competencies through observation and file reviews helps maintain quality standards. Case managers should also receive ongoing coaching and support, particularly when handling complex cases.

#### RTW coordinator skills checklist

Return to work coordinators require specific training to effectively support the psychosocial matched care approach. Their role bridges workplace and clinical interventions, making their skillset particularly important for successful outcomes.

Training should focus on developing practical workplace support skills while maintaining appropriate boundaries. RTW coordinators need to understand their role in the broader system and how to coordinate effectively with other stakeholders.

**Essential skills include:****Core knowledge**

- Understanding injury management principles
- Knowledge of workplace systems
- RTW process familiarity
- Understanding suitable duties

**Practical abilities RTW coordinators must demonstrate competency in:**

- Worker engagement
- Supervisor liaison
- Treatment provider coordination
- Case manager collaboration
- Managing sensitive discussions

## **Provider accreditation requirements**

Healthcare providers delivering psychosocial matched care require specific accreditation to ensure consistency and quality of service delivery. This involves both verification of existing qualifications and specific training in the matched care approach.

Provider accreditation focuses on ensuring practitioners understand the early intervention model and can deliver focused, work-oriented interventions. They must demonstrate ability to work collaboratively with other stakeholders while maintaining appropriate clinical standards.

**Key requirements include:**

1. Professional standards
  - Relevant qualifications and registration
  - Appropriate insurance coverage
  - Regular professional development
  - Supervision arrangements where required
2. Technical capabilities Providers must demonstrate competency in:
  - Assessment and intervention planning
  - Evidence-based treatment delivery
  - Outcome measurement
  - Progress monitoring
  - Stakeholder communication

## **Training Methods and Ongoing Support**

**Training delivery approaches**

Effective implementation of psychosocial matched care requires a multi-modal training approach that combines interactive learning with practical skill development. Face-to-face workshops form the cornerstone of initial training, providing essential opportunities for hands-on practice and immediate feedback. These sessions should include role-playing exercises, case discussions, and problem-solving scenarios that reflect real-world challenges practitioners will encounter.

Interactive workshops need to be complemented by comprehensive online learning modules. Digital content allows practitioners to review key concepts at their own pace and refer back to

important information as needed. These modules should cover theoretical foundations, system processes, and practical tutorials on assessment tools and documentation requirements.

Supervised practice represents the crucial bridge between theoretical knowledge and practical application. Practitioners should have opportunities to:

- Conduct observed screening sessions
- Complete supervised assessments
- Participate in case review discussions
- Receive feedback on documentation
- Demonstrate competency in key skills

## **Ongoing professional support**

Maintaining competency in psychosocial matched care requires sustained support beyond initial training. Regular refresher sessions help prevent drift from protocol and provide opportunities to address emerging challenges. These sessions should be tailored to address specific issues identified through quality assurance processes and practitioner feedback.

Professional development opportunities should include:

- Case consultation sessions
- Clinical supervision access
- Communities of practice participation
- Updated resources and tools
- Peer learning forums

## **Quality assurance framework**

A robust quality assurance system helps maintain consistency and effectiveness in psychosocial matched care delivery. Regular monitoring should track both individual practitioner competency and overall program effectiveness through:

- Competency assessments
- File audits
- Outcome monitoring
- Stakeholder feedback
- Process evaluations

The training program itself must evolve based on implementation experience and emerging evidence. Regular review and updates should incorporate:

- Practical implementation learnings
- Outcome data analysis
- Participant feedback
- New research findings
- System requirements changes

## **Training prerequisites and timing**

Before implementation of psychosocial matched care, organisations need to ensure that all key stakeholders have completed required training. The toolkit specifically notes that implementation should not proceed until training requirements are met for:

- RTW Coordinators (or equivalent for smaller employers)
- Claims management team
- Psychologists and counsellors

It's vital to allow adequate time for training and competency development before commencing implementation. This includes time for:

- Initial training sessions
- Supervised practice
- Competency assessment
- Remedial training if needed

## Implementation training review process

Organisations should establish a systematic process for reviewing training effectiveness during implementation. This includes:

- Regular meetings between the Implementation Manager and training participants
- Review of early implementation experiences
- Identification of additional training needs
- Refinement of training materials based on feedback
- Documentation of lessons learned

The toolkit emphasises that training should be viewed as an ongoing process rather than a one-time event. Regular review meetings with stakeholders (3-4 times per year minimum) should be scheduled to ensure training continues to meet implementation needs.

These verification checklists outline core competencies and skills required for different roles within the psychosocial matched care system. They provide a structured way to assess and document staff capabilities and training completion.

Organisations can customise these checklists to align with their specific role requirements, performance standards and professional development frameworks. They can be used to track progress during initial training and ongoing skill development.

Consider incorporating these verification tools into your broader performance management and professional development processes. Regular review of competency requirements helps ensure staff maintain the skills needed for effective program delivery.

## IV. Implementation checklists

These checklists provide a systematic approach to tracking implementation progress across different phases. They help organisations ensure critical elements are addressed and key milestones are achieved during rollout.

Each checklist can be modified to reflect your organisation's implementation timeline, priorities and specific requirements. They should be used as living documents that evolve based on implementation experience and learnings.

Consider using these checklists to develop detailed project plans, track progress, and maintain stakeholder engagement throughout implementation. Regular review and updating of implementation progress helps identify and address potential issues early.

### Planning checklists

#### *Organisational readiness checklist*

- ☐ Executive leadership support confirmed
- ☐ Business case approved
- ☐ Project sponsor identified
- ☐ Implementation budget allocated
- ☐ Project team resources assigned
- ☐ Current claims data analysed to estimate service volumes
- ☐ Existing systems and processes mapped
- ☐ Initial risk assessment completed
- ☐ Change management plan developed
- ☐ Success measures defined
- ☐ Data collection capabilities assessed
- ☐ Privacy and security requirements reviewed
- ☐ Legal/compliance requirements checked
- ☐ Initial timeline established

#### *Stakeholder engagement checklist*

- ☐ Key stakeholders identified and mapped
- ☐ Communication plan developed
- ☐ Initial briefing materials prepared
- ☐ Case managers consulted
- ☐ RTW coordinators engaged
- ☐ Healthcare providers informed
- ☐ Union consultation completed (if required)
- ☐ IT teams engaged regarding system changes
- ☐ Legal/compliance teams consulted
- ☐ Training providers identified

- ☐ External providers briefed
- ☐ Feedback mechanisms established
- ☐ Regular stakeholder updates planned

### *System integration checklist*

- ☐ Current system capabilities assessed
- ☐ Integration requirements documented
- ☐ Data collection needs identified
- ☐ Screening tool integration planned
- ☐ Referral pathways mapped
- ☐ Document management requirements defined
- ☐ Reporting capabilities confirmed
- ☐ User access levels determined
- ☐ System security requirements checked
- ☐ Testing plan developed

### *Training environment needs identified*

- ☐ Backup procedures confirmed
- ☐ System support arrangements confirmed

### *Training needs assessment checklist*

- ☐ Current staff capabilities assessed
- ☐ Training gaps identified
- ☐ Training program objectives defined
- ☐ Training delivery methods selected
- ☐ Training materials reviewed/developed
- ☐ Trainers identified and briefed
- ☐ Training schedule developed
- ☐ Assessment methods determined
- ☐ Competency standards defined
- ☐ Refresher training plan developed
- ☐ New staff training process defined
- ☐ Training evaluation process established
- ☐ Ongoing coaching needs identified

### *Provider network development checklist*

- ☐ Required provider types identified
- ☐ Geographic coverage needs mapped

- ☐ Provider selection criteria defined
- ☐ Provider capacity assessed
- ☐ Service agreements developed
- ☐ Provider training requirements defined
- ☐ Quality standards established
- ☐ Performance measures defined
- ☐ Communication protocols established
- ☐ Referral processes documented
- ☐ Provider payment processes confirmed
- ☐ Regular review process established
- ☐ Provider support resources developed

## Quality assurance checklists

These checklists provide a systematic framework for monitoring and maintaining the quality of psychosocial matched care implementation. They are designed to be practical tools that support continuous improvement and program fidelity.

Organisations should adapt these checklists to reflect their specific quality standards, reporting requirements and operational processes. The checklists can be integrated into existing quality assurance systems or used to build new monitoring frameworks.

Consider using these tools to develop standardised audit processes, establish clear performance expectations, and create consistent evaluation approaches across your organisation. Regular review and updating of these checklists ensures they remain relevant and effective.

### *File review checklist*

#### **Initial contact and screening**

- ☐ Timely initial contact (within 2 weeks)
- ☐ Screening tool correctly administered
- ☐ Screening results documented
- ☐ Risk level appropriately determined
- ☐ Initial support needs identified

#### **Assessment and planning**

- ☐ Referral made if indicated
- ☐ Assessment completed within timeframes
- ☐ Care plan documented
- ☐ RTW goals established
- ☐ Stakeholders identified and notified
- ☐ Consent obtained and documented

**Ongoing management**

- ☐ Regular progress reviews completed
- ☐ Progress notes clear and comprehensive
- ☐ Healthcare coordination documented
- ☐ Workplace engagement recorded
- ☐ Barriers identified and addressed
- ☐ RTW progress tracked

**Documentation quality**

- ☐ All required forms completed
- ☐ Progress notes meet standards
- ☐ Medical certificates current
- ☐ Privacy requirements met
- ☐ Decisions clearly documented
- ☐ Communication records maintained

*Provider performance review checklist***Service delivery**

- ☐ Timeframes met for assessments
- ☐ Quality reports provided
- ☐ Clear intervention plans documented
- ☐ Evidence-based approaches used
- ☐ Progress updates regular and detailed

**Outcomes achieved**

- ☐ RTW rates within expectations
- ☐ Psychosocial improvements demonstrated
- ☐ Client satisfaction feedback
- ☐ Cost-effectiveness maintained
- ☐ Sustainable outcomes achieved

**Professional standards**

- Maintains required qualifications
- Follows service agreements
- Communicates effectively
- Collaborates with stakeholders
- Maintains confidentiality

*Program fidelity checklist***Screening process**

- ☐ Consistent use of tools



- ☐ Appropriate timing
- ☐ Correct scoring
- ☐ Proper documentation
- ☐ Appropriate referrals

#### **Assessment process**

- ☐ Comprehensive evaluations
- ☐ Standardised approaches
- ☐ Evidence-based tools used
- ☐ Barriers properly identified
- ☐ Matched interventions recommended

#### **Intervention delivery**

- ☐ Follows established protocols
- ☐ Evidence-based approaches used
- ☐ Regular progress monitoring
- ☐ Appropriate adjustments made
- ☐ Outcomes tracked

### *Outcome measurement checklist*

#### **Return to work measures**

- ☐ Time to first RTW
- ☐ Time to sustainable RTW
- ☐ Work status at key intervals
- ☐ Job retention rates
- ☐ Hours worked

#### **Clinical measures**

- ☐ Pre/post assessment scores
- ☐ Psychosocial improvements
- ☐ Functional gains
- ☐ Healthcare utilisation
- ☐ Secondary prevention success

#### **Financial measures**

- ☐ Weekly payments
- ☐ Medical costs
- ☐ Service provider costs
- ☐ Total claim costs
- ☐ Cost savings achieved

**Satisfaction measures**

- ☐ Worker satisfaction
- ☐ Employer feedback
- ☐ Healthcare provider feedback
- ☐ Case manager feedback
- ☐ Service quality ratings

**Training verification checklists***Case manager competency checklist***Knowledge competencies**

- ☐ Understands biopsychosocial model
- ☐ Knows psychosocial risk factors
- ☐ Understands screening tools
- ☐ Familiar with referral pathways
- ☐ Knows relevant legislation/guidelines

**Screening competencies**

- ☐ Can explain purpose of screening
- ☐ Administers tools correctly
- ☐ Scores accurately
- ☐ Interprets results appropriately
- ☐ Makes appropriate referral decisions

**Communication skills**

- ☐ Uses appropriate language
- ☐ Demonstrates active listening
- ☐ Shows empathy
- ☐ Handles difficult conversations
- ☐ Maintains professional boundaries

**Operational skills**

- ☐ Documents accurately
- ☐ Follows protocols
- ☐ Coordinates effectively
- ☐ Manages timeframes
- ☐ Uses systems correctly

*RTW coordinator skills checklist***Core knowledge**

- ☐ Understands injury management principles
- ☐ Knows workplace systems
- ☐ Familiar with RTW process
- ☐ Understands suitable duties
- ☐ Aware of privacy requirements

#### **Communication skills**

- ☐ Engages effectively with workers
- ☐ Liaises with supervisors
- ☐ Coordinates with treatment providers
- ☐ Works with case managers
- ☐ Handles sensitive discussions

#### **Workplace support skills**

- ☐ Identifies suitable duties
- ☐ Implements workplace adjustments
- ☐ Monitors RTW progress
- ☐ Addresses workplace barriers
- ☐ Facilitates workplace communication

#### **Documentation skills**

- ☐ Completes RTW plans
- ☐ Records progress notes
- ☐ Updates stakeholders
- ☐ Maintains accurate records
- ☐ Reports issues appropriately

### *Provider accreditation checklist*

#### **Professional requirements**

- ☐ Relevant qualifications
- ☐ Professional registration
- ☐ Insurance coverage
- ☐ Professional development
- ☐ Supervision arrangements

#### **Assessment skills**

- ☐ Intervention knowledge
- ☐ Evidence-based practice
- ☐ Outcome measurement
- ☐ Progress monitoring

**System knowledge**

- ☐ Understanding of workers compensation
- ☐ Knowledge of RTW processes
- ☐ Familiar with workplace systems
- ☐ Aware of reporting requirements
- ☐ Understands roles of stakeholders

**Service delivery standards**

- ☐ Maintains timeframes
- ☐ Provides quality reports
- ☐ Follows protocols
- ☐ Communicates effectively
- ☐ Achieves outcomes

**Implementation progress checklists**

Planning, pilot, full implementation readiness, maintenance

*Phase 1 (Planning) completion checklist***Project foundations**

- ☐ Project team established
- ☐ Executive sponsorship confirmed
- ☐ Budget approved
- ☐ Timeline agreed
- ☐ Success measures defined

**Stakeholder engagement**

- ☐ Key stakeholders identified
- ☐ Communication plan developed
- ☐ Initial briefings completed
- ☐ Feedback mechanisms established
- ☐ Change management plan created

**Systems and processes**

- ☐ Current processes mapped
- ☐ System requirements defined
- ☐ Integration plans developed
- ☐ Data collection methods confirmed
- ☐ Documentation standards set

**Provider network**

- ☐ Provider requirements defined
- ☐ Initial providers identified
- ☐ Service agreements drafted
- ☐ Training needs identified
- ☐ Quality standards established

*Phase 2 (Pilot) evaluation checklist***Pilot implementation**

- ☐ Pilot scope defined
- ☐ Test group selected
- ☐ Baseline data collected
- ☐ Staff trained
- ☐ Systems tested

**Process monitoring**

- ☐ Screening completion rates
- ☐ Referral pathways working
- ☐ Provider engagement
- ☐ Documentation quality
- ☐ Timeframe adherence

**Outcome tracking**

- ☐ RTW outcomes
- ☐ Worker satisfaction
- ☐ Provider feedback
- ☐ Cost tracking
- ☐ System effectiveness

**Learning capture**

- ☐ Challenges identified
- ☐ Solutions developed
- ☐ Processes refined
- ☐ Staff feedback obtained
- ☐ Improvements documented

*Phase 3 (Full implementation) readiness checklist***Pilot review**

- ☐ Outcomes analysed
- ☐ Processes refined

- ☐ Resources adjusted
- ☐ Stakeholders updated
- ☐ Lessons incorporated

#### **Scale-up preparation**

- ☐ Implementation plan updated
- ☐ Resources confirmed
- ☐ Training scheduled
- ☐ Systems ready
- ☐ Providers prepared

#### **Risk management**

- ☐ Risks identified
- ☐ Mitigation strategies developed
- ☐ Contingency plans ready
- ☐ Monitoring processes established
- ☐ Escalation paths defined

### *Phase 4 (Maintenance) monitoring checklist*

#### **Ongoing operations**

- ☐ Regular reporting established
- ☐ Quality monitoring ongoing
- ☐ Performance reviews scheduled
- ☐ Training updated
- ☐ Resources maintained

#### **Continuous improvement**

- ☐ Feedback collected
- ☐ Outcomes analysed
- ☐ Processes refined
- ☐ Best practices shared
- ☐ Innovation encouraged

#### **Sustainability**

- ☐ Staff turnover managed
- ☐ Provider network maintained
- ☐ Knowledge transfer occurring
- ☐ Documentation current
- ☐ Systems optimised

**Long-term evaluation**

- ☐ Program effectiveness measured
- ☐ Cost benefits analysed
- ☐ Stakeholder satisfaction tracked
- ☐ System integrity maintained
- ☐ Strategic alignment confirmed